



**C. IDENTIFICATION OF ALL OFFICERS, PARTNERS, DIRECTORS AND OWNERS OF 5% OR MORE OF THE ORGANIZATION AND DESIGNATED EMPLOYEES AUTHORIZED TO ACT ON BEHALF OF THE CORPORATION.**

**NOTE: THE FIRST OFFICER LISTED (Box 1) MUST BE THE PRIMARY CONTACT PERSON.**

**(Please Print Clearly or Type)**

|          |   |
|----------|---|
| <b>1</b> | Name: _____<br><small>Last, First MI (Example: Smith Jr, John A)</small>  |
|          | Title: _____  |
|          | Phone Number: _____<br><small>Area Code</small>   |
|          | Are you currently or have you ever been licensed in New Jersey?      Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|          | If yes, supply your N.J. reference number: _____      Date of Birth: _____<br><div style="display: flex; justify-content: space-between;"><div>Month</div><div>Day</div><div>Year</div></div> |

|          |   |
|----------|---|
| <b>2</b> | Name: _____<br><small>Last, First MI (Example: Smith Jr, John A)</small>  |
|          | Are you currently or have you ever been licensed in New Jersey?      Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|          | If yes, supply your N.J. reference number: _____      Date of Birth: _____<br><div style="display: flex; justify-content: space-between;"><div>Month</div><div>Day</div><div>Year</div></div> |
|          |   |

|          |   |
|----------|---|
| <b>3</b> | Name: _____<br><small>Last, First MI (Example: Smith Jr, John A)</small>  |
|          | Are you currently or have you ever been licensed in New Jersey?      Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|          | If yes, supply your N.J. reference number: _____      Date of Birth: _____<br><div style="display: flex; justify-content: space-between;"><div>Month</div><div>Day</div><div>Year</div></div> |
|          |   |

|          |   |
|----------|---|
| <b>4</b> | Name: _____<br><small>Last, First MI (Example: Smith Jr, John A)</small>  |
|          | Are you currently or have you ever been licensed in New Jersey?      Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|          | If yes, supply your N.J. reference number: _____      Date of Birth: _____<br><div style="display: flex; justify-content: space-between;"><div>Month</div><div>Day</div><div>Year</div></div> |
|          |   |

|          |   |
|----------|---|
| <b>5</b> | Name: _____<br><small>Last, First MI (Example: Smith Jr, John A)</small>  |
|          | Are you currently or have you ever been licensed in New Jersey?      Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|          | If yes, supply your N.J. reference number: _____      Date of Birth: _____<br><div style="display: flex; justify-content: space-between;"><div>Month</div><div>Day</div><div>Year</div></div> |
|          |   |

|          |   |
|----------|---|
| <b>6</b> | Name: _____<br><small>Last, First MI (Example: Smith Jr, John A)</small>  |
|          | Are you currently or have you ever been licensed in New Jersey?      Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|          | If yes, supply your N.J. reference number: _____      Date of Birth: _____<br><div style="display: flex; justify-content: space-between;"><div>Month</div><div>Day</div><div>Year</div></div> |
|          |   |

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

Fingerprint card of both hands. Fingerprint impressions must be taken by law enforcement authorities only.  
Contact your local police department.

You must submit completed fingerprint cards for EACH OFFICER, PARTNER, DIRECTOR AND INDIVIDUAL OWNER OF 5% OR MORE.

**D. YOU MUST ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:**

1. Have you (or any officer, partner, director or owner of 5% or more if an organization) been indicted or convicted of a crime, or convicted of a misdemeanor or disorderly person offense in this state or other state, or by the federal government or are such proceedings pending against you? YES NO  
☐ ☐

*If yes, enclose a certified copy of the indictment or judgement of conviction, which may be obtained from the clerk of the court where the conviction was entered, or the relevant summons or pleadings. In addition, you must provide a detailed explanation of the events leading to the indictment or conviction.*

2. Have you (or any officer, partner, director or owner of 5% or more if an organization) had any business or professional license suspended or revoked (other than those related to a court ordered child support obligation) or are any such proceedings now pending? YES NO  
☐ ☐

*If yes, enclose a copy of the order seeking or granting suspension or revocation from professional or governmental authority.*

3. Are you (or any officer, partner, director or owner of 5% or more if an organization) indebted (other than accounts current) to any insurance company, producer, viator, viatical settlement provider or insured, or has any judgement been rendered against you, which has not been satisfied or vacated, for money from or owed to any insurance company, producer, viator or viatical settlement provider or insured? YES NO  
☐ ☐

*If yes, give particulars, including complete details of any indebtedness and arrangements for repayment.*

**E. YOU MUST ANSWER THE FOLLOWING QUESTION BY CHECKING THE APPROPRIATE BOX:**

This Department is currently working with the National Association of Insurance Commissioners in the development of programs benefiting producers, regulators and insurance companies. Do you agree to permit the release of your federal identification number (EIN) to the National Association of Insurance Commissioners? YES NO  
☐ ☐

**F. ALL APPLICANTS MUST PROVIDE A PLAN OF OPERATION THAT INCLUDES THE FOLLOWING:**

1. Target markets and geographic locations.
2. Marketing and advertising strategies to attract potential viators.
3. Broker training procedures.
4. Detailed description of procedures used to keep medical information confidential.

**G. IDENTIFICATION OF ALL ASSOCIATED VIATICAL SETTLEMENT PROVIDERS:**

**(PLEASE PRINT CLEARLY OR TYPE)**

|   |  |
|---|--|
| 1 | Name: _____                                |
|   | New Jersey License Reference Number: _____ |

|   |  |
|---|--|
| 2 | Name: _____                                |
|   | New Jersey License Reference Number: _____ |

|   |  |
|---|--|
| 3 | Name: _____                                |
|   | New Jersey License Reference Number: _____ |

|   |  |
|---|--|
| 4 | Name: _____                                |
|   | New Jersey License Reference Number: _____ |

|   |  |
|---|--|
| 5 | Name: _____                                |
|   | New Jersey License Reference Number: _____ |

## H. I/WE HEREBY CERTIFY THAT:

1. I/We intend to conduct business with the general public and not principally with respect to controlled businesses in which I/We or relative share a controlling interest.
2. I/WE give the New Jersey Department of Banking and Insurance permission to verify any information supplied with any federal, state or local government agency.
3. All of the information in this application and all attachments is true and complete. I am/We are aware that submitting false information in connection with this application is grounds for revocation of license and may subject me/us to other civil or criminal penalties.
4. As a licensed officer/partner of the organization, I understand that I am individually and jointly responsible for the insurance related conduct of the organization.
5. Each licensed nonresident viatical settlement broker shall, by application for and issuance of, a license be deemed to have appointed the Commissioner as agent to receive service of original legal process in this State in any cause of action or legal proceedings arising within this State out of transactions under the license. Service upon the Commissioner shall be of the same force and effect as if served on the nonresident viatical broker. This appointment shall be irrevocable for as long as there can be any cause of action against the nonresident viatical settlement broker arising out of viatical transactions for which a license is required.

Must be signed by all officers and partners identified in section C of page 2.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

## I. FEES

Licensee Fee \$75.00

Application Processing Fee 20.00

Fingerprint Check Form Fee \_\_\_\_\_ (\$49.00 X Each Set of Two Fingerprint Forms)  
See bottom of section C.

Total Fee \$ \_\_\_\_\_

Attach one check or money order for the total fee (as calculated above) made payable to 'State Treasurer of New Jersey'.